CHAPTER -1

INTRODUCTION

Adjustment which is a psychological construct commonly refers to, “the behaviour that permits individuals to meet the demands of the environment” (Rathus and Nevid, 1986). While defining adjustment, they (Rathus and Nevid, 1986) said that, “it is a process by which individuals respond to environmental pressures and cope with stress”. In psychology, adjustment is a behavioural process, which sustain balance between the variety of needs of the human being or animals. And also make balance between the obstacles of the environments and their own requirements. Adjustment starts when there is a need and ends when it is being satisfied. For example, “hungry people are stimulated by their physiological state to seek food. When they eat, they reduce the stimulating condition that encouraged them to do some activity, and they are thereby adjusted to this particular need” (“Encyclopaedia Britannica”).

There are four parts in the process of adjustment viz., “motive or need in the form of a strong persistent stimulus, the thwarting or nonfulfillment of the need, various activities, or behaviour that is exploratory and accompanied by problem solving and response that removes or at least reduces the initiating stimulus and therefore completing the adjustment” (“Encyclopaedia Britannica”).

ADJUSTMENT MECHANISM

Any ordinary method of overcoming blocks, satisfying motives, reaching goals, relieving frustrations and maintains equilibrium is called adjustment mechanism. To adjust properly with the environment, this is the device which is helpful for an individual to reduce his tension or anxiety and thus helps him to resume his mental health. A child uses certain self adjutive, self defensive approaches which may protect him from his frustrative situations to solve his problems or to meet conflicting situations which are called defence mechanism. For example, “a child is
trained to sleep throughout the night and not asking for milk. A child who plays his role efficiently gets love and emotional security from his mother and he adjusts well to his home environment. On the other hand, if the child does not sleep properly and carries on his infantile role, he may get scolding and spanking from his mother. He may not be looked after properly and his mother's attitude may become indifferent and formal about him” (Jose, 2010).

CHARACTERISTICS OF ADJUSTMENT MECHANISM

1) Almost every individual use adjustment mechanism. These are the ideas which are observable from the behaviour of the individuals. These mechanisms are used by individual to defend or boost the self esteemed against danger, which increase satisfaction and also help them in the process of adjustment if being used within limit.

2) Danger is always there within the person and he fears his own motives. The danger and fear are manifested in adjustment mechanism.

3) In all adjustment mechanism, the individuals distorts reality in one or the other ways, as the ways of protecting against dangerous inner impulse or escaping from anxiety involves some kind of distortion of the conscious representation of the individual’s impulses.

4) The effect of adjustment mechanism is to cripple the individual's functioning, growth and development through falsifying some aspects of his impulses so that he is deprived of precise self knowledge as a basis for action.

5) Adjustment mechanism are learned in environment, designed to deal with anxiety, inner conflicts and self- devaluation and operates on habitual and automatic levels (Chauhan,2009).

Types of Adjustment

A normal adjustment is a relationship between an individual and his surroundings which is according to established norms. For example, “a child who obey his parents and not excessively stubborn; who studies regularly and has neat
habit is considered to be adjusted,” whereas abnormal adjustment, which is also known as maladjustment occurs when the relationship between an individual and his surroundings is not according to established norms or principles (Jose, 2010).

Different perspectives of adjustment

On the bases of human nature, many theoretical approaches, explains the concept of adjustment, out of which, three of them are considered as most important approaches i.e., “the psychoanalytic perspective, the learning perspective, and the humanistic perspective.”

“Adjustment according to the psychoanalytical perspective which highlighted unconscious, as a method of partial outlets of impulses while managing to shun social disapproval,” whereas the learning perspective views, “adjustment as a process of learning to give satisfying responses to environmental stimulation.” And according to humanistic viewpoint, “its emphasis on the individuals’ dynamic role in the adjustment process, argues that individuals are “actors” rather than “reactors” in the process of adjustment in the sense of being motivated to “becoming”, that is, “adjustment … is holding [ones’] own in the face of environmental challenges” (Rathus and Nevid, 1986).

Lazarus, (1976) with his exclusive focus on stress and coping stated that, “adjustment consisted of two kinds of processes. First, the individual fits himself into his environment. Second, the individual changes the environment to suit his own needs or standards.”

Adjustment as an achievement and adjustment as a process are two significant viewpoints that psychologists have interpreted.

Adjustment as an achievement

Adjustment is considered to be an achievement when an individual performs his duties effectively and efficiently in diverse conditions. One has to set the criteria to judge the quality of adjustment for interpreting adjustment as an achievement. (Jose, 2010)
Adjustment as process

Psychologists, teachers, parents and other professionals have given much significance to the adjustment as a process and to analyze the process, one should study the progress of an individual longitudinally from his or her birth. When a child is born, “he or she is completely dependent on others for the satisfaction of his needs especially on his mother, but slowly with age he learns to control his needs. His contact with the external environment in which he lives determines his adjustment. The world is a big buzzing, blooming confusion when he is born and cannot discriminate among the various objects of his environment but as he grows, through the process of sensation, perception and conception, he comes to learn to articulate the minutiae of his environment” (Jose, 2010).

“How do people adjust under different conditions?” and “Which factors influence the adjustment?” are some questions which arise when adjustment is being defined as a process.

Lazarus, (1976) emphasized “process” with many studies being conducted on adjustment in order to enhance the understanding of the dynamics of adjustment and the overlapping of two perspectives of adjustment mentioned above. “The psychogenic model consider the role of social experience (i.e., the way the individual has been reared, the influences to which he was subjected to growing up, and the unique experiences that have shaped his psychological development) in affecting individual persona, assumes that this pattern of experiences, especially in early life, contributes to one’s relative invulnerability or vulnerability to adjustive failure under the stresses of life. The medical-biological model explains the reason of failure of adjustment with hereditary or genetic factors implicated in many or most mental illnesses, whereas sociogenic model explains the role of social institutions and culture on patterns of adjustment.”

The major contribution of the three models mentioned above is to clarify, “the process of adjustment by emphasizing its psychological, biological and sociological aspects. Or it can be said that, these models appears to suggest the multidimensional
nature of adjustment.” In nutshell, all the approaches mentioned above explain the way individual faces the challenges of life and how they manage their physical and social environment and the behaviour exhibited in such situation is known as “coping” (Lazarus, 1976).

In the present research two types of adjustment i.e. physical and psychological adjustment is taken. There are researches (e.g., Mosher, Prelow, Chen and Yackel, (2006); Busari (2013) and Chang, (1998) where depression was considered and conceptualized to be as psychological adjustment therefore in present study also depression and satisfaction with life is conceptualized as psychological adjustment.

Physical Adjustment

Health of adolescents is frequently studied by the measures of perceived or subjective health. There are three assumptions on the basis of which the use of symptom checklists among adolescence were applied i.e. first, “adolescents are at the level of cognitive development where they are able to discriminate concepts of health and illness. Second, at this age adolescents are able to comprehend the content of symptom checklists, and third, adolescents can assess and report feelings and complaints reliably” (Haugland and Wold, 2001).

Millstein, (1993) found that, “developmental factors may influence both reliability and validity of subjective health measures therefore the concepts of health and illness are differentiated throughout childhood and adolescence.” A subjective health complaint refers to, “as a symptoms experienced by the individual with or without a defined diagnosis. Symptoms comprise both everyday experiences and health problems which are general causes of disability and sickness certificates in adults” (Tellnes, Svendsen, Bruusgaard and Bjerkedal, 1989). For many symptoms, both clinicians and researchers rely upon the subjective report only, as these are largely “immeasurable” in a clinical sense.

“Social, dispositional and contextual variables were earlier found to affect how symptoms and sensations were interpreted, whether these were reported to others, and the words used to describe them (Cioffi, 1996).” Pennebaker and Roberts,
(1992) reported “gender differences in health complaints because of differences in the processing of visceral and somatic sensations.”

Somatic focus refers “to the tendency to report and notice physical symptoms. It is the tendency to attend and report somatic symptoms which are not correlated with objective measures of health status” (Watson and Pennebaker, 1989). “Somatically focused chronic pain patients frequently report elevated levels of non-specific physical symptoms, corresponding to reported increases in pain severity and negative emotions (Von Korff, Dworkin, Resche and Kruger, 1988; McCracken, Faber and Janeck, 1998), disability (e.g., Millard, Wells and Thebarge, 1991; Carosella, Lackner and Feuerstein, 1994; Ciccone, Just and Bandilla., 1996; McCracken et al., 1998), and health care use (Barsky, Wyshak and Klerman, 1986; Ciccone et al., 1996).”

“Somatic and visceral sensations of males were found to be more consistent over time and more independent of their current circumstances or situations. According to this, males reporting of health complaints may be more stable than that of females. Women were found to use more external information and situational cues than men to interpret bodily sensations, thus, lower their threshold for bringing such complaints to the attention of others or reporting them in surveys” (Wool and Barsky, 1994; Van Wijk and Kolk, 1997).

Mikkelsson, Salminen and Kautiainen, (1997) study showed that a huge number of health complaints reported by adolescents, and that such frequently reported symptoms are the reason of nonattendance in school.

At the age of eleven years the reporting of symptoms is prevalent (Haugland, Wold, Stevenson, Aaroe and Woynarowska, 2001). There is clustering of symptoms, with a group of adolescents reporting several symptoms (Pennebaker, 1982; Starfield, Katz, Gabriel, Livingston et al., 1984; Alfven, 1993; Klepp, Aas, Maeland and Alsaker, 1996; Mikkelsson et al., 1997).

According to King, Wold, Tudor-Smith and Harel, (1996), “headache, abdominal pain, irritability, and nervousness are the symptoms which are most often reported by the adolescents.” In adolescence, “most studies found that boys tend to
report less symptoms than girls do and both gender differences as well as prevalence of complaints increase with age” (Aro, 1987; King, et al., 1996; Klepp et al., 1996; Haugland, Stevenson, Wold, Aaroe and Woynarowska, 2001).

Cross-national studies also confirmed that, “the level of health complaints reported, varied between countries, but the patterns according to age and gender were consistent” (King et al., 1996). Goodman and McGrath,(1991); Kolip and Hurrelmann, (1995) conducted study in 24 countries and it was found that 23-53 percent of girls and 14-30 percent of boys of 15 years old reported of having headaches weekly or more frequently, in the past six months.

**Psychological Adjustment**

**Satisfaction with life**

According to Diener, (1984) “The structure of subjective well-being has been conceptualized as consisting of two major components: the emotional or affective component and the judgmental or cognitive component.” This judgmental component is conceptualized as life satisfaction.

According to Huebner, Suldo, Smith and McKnight, (2004) “Subjective well-being is commonly considered to be comprised of three interconnected but separate factors, namely the relative presence of positive affect, absence of negative affect and perceived quality of life, or life satisfaction.”

“Life satisfaction is defined as a cognitive evaluation of an individual’s life as a whole and or of specific life domains” (Huebner,Valois, Paxton and Drane, 2005; Myers and Diener, 1995).

“Life satisfaction measure range from multi-item scales to single questions which aim at assessing global life satisfaction” (Abdel-Khalek, 2006; Myers and Diener, 1995). It is important construct within the positive psychology (Gilman and Huebner, 2003).

According to Rode, (2004) “Life satisfaction is an ability of an individual to develop a subjective point of view about his or her life quality under his or her own
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criterion. Hence, it has both an experiential and cognitive aspects.” According to Diener, (1994) “life satisfaction involves a satisfaction from the present life, a desire to change to their life, satisfaction from the past life, satisfaction from the future and the ideas of relatives about that person’s life.”

“Although adult life satisfaction has been studied extensively, but the life satisfaction of children and adolescents has received attention more recently” (Proctor, Linley and Maltby, 2008). Generally, most adolescents report positive global life satisfaction (Huebner, et al., 2005). Similar to findings with adults, “studies of youth have revealed that subjective well-being is weakly related to demographic variables such as gender, age and socio-economic status” (Huebner, Drane and Valois, 2000). “Personal and social resources contribute to subjective well-being and life satisfaction significantly” (Huebner, 1991). Subjective well-being is positively related to the internal qualities of self-esteem, sense of control, extraversion and optimism (Ben-Zur, 2003) and to a variety of interpersonal variables that include measures of quality of children's relationships with their parents (Demo and Acock, 1996; Shek, 1998; Shek, 2005a; Shek, 2005b; Suldo and Huebner, 2004a), and with non-family relations (such as experiences in school and with peers) that provide emotional support, (Konu, Lintonen and Rimpella, 2002).

Research also reported that adolescents with low satisfaction of life are more prone to violence (Valois, Paxton, Zullig and Huebner, 2006), destructive and risky behaviours (Mac-Donald, Piquero, Valois and Zullig, 2005), robbery and stealing (Valois, Zullig, Huebner and Drane, 2001).

Life satisfaction among youth is not just an outcome of diverse psychological states (e.g. positive affect, self-esteem), it is also a significant predictor of psychological states and psychosocial systems (example, physical health and depression) (Gilman, Easterbrooks and Frey, 2004a). “It have mediator as well as moderator effect among youth between the environment and behaviour (Suldo and Huebner, 2004b), between the social support-involvement dimension of authoritative parenting and problem behaviour among adolescent. Life satisfaction also plays
potential mediating role between stressful life events and internalizing behaviour” (McKnight, Huebner and Suldo, 2002). In addition, “life satisfaction has been reported to be a buffer against negative effects of stress and the development of psychopathological behaviour” (e.g. Suldo and Huebner, 2004a).

Depression

Depression which is a type of mood disorder is most prevalent among people as mental health problem. Because of its relatively high prevalence and the significant impairs, that it causes, depression was described as a serious public health. It is very common and in fact, it is experienced by 21.3 percent of women and 12.7 percent of men at some point during their lives (Kessler, McGonagle, Zhao and Nelson, 1994). Several studies around the world have indicated that, “the lifetime prevalence of depression by the end of adolescence is around 20% and the point prevalence of clinically significant depressive symptomatology is around 10%” (Aalto-Setala, Marttunen, Tuulio-Henriksson et al., 2001; Brent and Weersing, 2008). Other studies have indicated that, “up to 25% of all young adults by the age of 24 years will experience a depressive episode, the highest incidence rate of any adult age-group” (Kessler and Walters, 1998; Klerman, 1988; Klerman and Weissman, 1989). However, less than 20% of young adults will ever receive clinical care (Young, Klap, Sherbourne and Wells, 2001).

Khan, Mahmood, Badshah et al., (2006) found, “a high prevalence of combined anxiety and depression—upto 70% in Karachi among medical students.” Studies from India on the epidemiology of psychiatric disorders among young adults and adolescents have been extremely rare. One study among this group reporting, “a prevalence of 11.2% having severe and extreme depression among school dropouts as against 3% among school going and nil among college going adolescents (Nair, Paul and John, 2004).” Other study reported prevalence of 0.1% depression and anxiety disorder of 0.3% (Srinath, Girimaji, Gururaj et al., 2005).

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reported that, “the prevalence ranges between 10 and 21% of depression, in population depending on cultural situations, with peak occurrence between the ages of 20 to 45 years.” Depression has a negative impact on well-being and life satisfaction which seems to be highly associated with life satisfaction among college students (Bayati, Beigi and Salehi, 2009). Studies have supported that high depressive symptoms has been related to lower life satisfaction (Paschali and Tsitsas, 2010). In nutshell, “Depressive disorders occur earlier in life than in the past, and the prevalence of depression in adolescents is almost twice as high as adults aged 25 to 44 years” (Kessler, McGonagle, Zhao, et al., 1998). The “World Health Organization has projected that by the year 2020, depression will be second to only cardiovascular disease as the world’s leading cause of death and disability” (Murray and Lopez, 1996).

“The psychological benefits of physical activity (PA) are well documented in the adult population. Clinical and epidemiological studies have found that physical activity is inversely related not only to depression, (Biddle and Mutrie, 2001) but also anxiety (Goodwin, 2003 and Paluska and Schwenk, 2000) phobias, panic attacks and stress disorders (Richardson, Faulkner, McDevitt, Skrinar, Hutchinson and Piette, 2005).”

Stress and Coping

“Stress has been studied largely in the field of counselling, health and psychology literature mainly because of the research evidence supporting its relations with several dimensions of well being” (Pennebaker, Colder, and Sharp, 1990; Kaplan and Sadock, 1988).

Stress has been defined as “a process of interaction between an individual and the environment” (Folkman and Lazarus 1985; Folkman, Lazarus, Gruen, and DeLongis, 1986). According to this definition, stress is an interactive process and “Cognitive Theory of Stress and Coping” is one of the most conventional interactional models of stress given by Folkman and Lazarus, (1985). Coping and cognitive appraisal are the two key components in the stress process as per this theory.
Cognitive theory of stress states that, “the degree to which an individual experiences stress is primarily determined by the estimation of what is of interest in these demands. When an individual perceives danger or threat, he evaluates it in the light of certain factors. Therefore, there is no such stimulus or event which is universally stressful. Stress is present if an individual defines the situation as stressful. It is bi-directional and an interactional process between the individual and the environment.”

Folkman and Lazarus, (1985) interactional model of stress stated that, “an individual is expected to give diverse levels of stress responses according to the type of events, appraisal of the circumstances and his or her personal state of being.”

The estimation of event in relation to individual’s interests and well being determined the stressfulness of the event. That is why, these evaluations or cognitive appraisals decide the significance of demands and give a ground to an individual to define the circumstances or any event as stressful.

Folkman, Lazarus, Gruen and Delongis, (1986) found that, “aggregated measures of appraisals and different types of coping strategies associated with stressful encounters were significantly related to the process of psychological and physical adjustment.” Consistent with Lazarus and Folkman’s (1984) model, “these investigators found that primary appraisal items accounted for a significant amount of the variance in psychological symptoms and that coping items continued to add significant incremental validity in predicating outcome, beyond what was accounted for by primary appraisal items. In contrast, secondary appraisal items were not found to add significant incremental validity in predicating psychological symptoms, beyond primary appraisal items.”

Cognitive Appraisal

According to Lazarus and Folkman’s (1984) “stress and coping model of adjustment, personality variables such as dispositional optimism is not considered to be the strongest determinants of situation specific coping or adjustment (McCrae and Costa, 1986). Rather, the investigators have argued that coping with a stressful situation is
initially determined by appraisals regarding the encounter, which in turn determine coping response and adjustment.” Lazarus, (1993) “a process in which an individual evaluates whether or not an encounter within the environment is pertinent to his or her well being is called cognitive appraisal.” MacDermid and Harvey, (2008) extended the idea little more and define cognitive appraisal as, “the assessment of demands and the availability of resources to deal with them. Demands may be understood as heavy workloads, unpredictable schedules, and heavy care-giving responsibilities. Similarly, resources may point to financial supplies, social support, and personal traits that help individuals to cope with stressors.” Next the primary and secondary appraisals are discussed.

Primary Appraisal

“The appraisal in which an individual evaluates whether he or she has anything at stake in this encounter is known as primary appraisal” (Folkman, Lazarus, Gruen and DeLongis, 1986). When an individual believes that, “the situation is related to his/her well being then it is being defined as stressful. Which is shaped by both the personal and situational factors. Beliefs and commitments of individual are considered to be the essential elements of personal factors” (Folkman, 1984). Situation during primary appraisal is apparent as being either benign-positive, irrelevant or stressful. The events is further classified and subdivided into the categories of threat, benefit, challenge and harm/loss.

Any situation which is stressful is appraised as challenging whenever it mobilizes psychological, physical activity and involvement. During a challenge appraisal, “an individual may view any chance to prove herself or himself, anticipating mastery, mastery or personal growth from the course of action. When the individual perceives danger threat is said to be occur, and experienced when the individual anticipates future harm or loss. Attacks on one's sense of worth or to physical injuries and pain refer to harm or loss.” Although in threat appraisal, the future prospects are seen in a negative light but the individual still seeks ways to master the situation. The individual is somewhat limited in his or her coping
capabilities, motivated for a positive outcome of the situation in order to restore or gain his or her well-being. Rather, threat is concern about the match between perceived coping capabilities and potentially hurtful aspects of the environment.

In the experience of harm/loss, some damage to the individual has already occurred. “Damages may include the injury or loss of valued persons, important objects, self-worth or social standing. Instead of making attempts to master the situation, the individual surrenders, besieged by feelings of helplessness.” Beck's cognitive theory of anxiety and depression (Beck and Clark, 1988) is in line with these assumptions mentioning that, “threat as the main cognitive content in anxiety compared to loss as its counterpart in depression. The control belief through which an individual believes or assumes that he can control the outcome is one of the generalized beliefs that may affect his primary appraisal process (Folkman, 1984).”

**Secondary Appraisal**

If the situation is perceived as stressful, during the process of primary appraisal, then the individual makes further mental evaluations, which are known as secondary appraisal. During secondary appraisal, “the individual by considering the sufficiency of personal options and resources, makes three forms of stressful appraisals i.e. threat, harm or loss and challenge” (Lazarus, 1993). “Harm or loss is perceived when the damage has already been done. Threat perception occurs when there is a prospective for harm or loss. The first two appraisals generate negative emotions like fear and anger, whereas challenge triggers positive emotions such as excitement or interest (Lazarus, 1993).”

“In addition to harm/loss, threat and challenge appraisals, in secondary appraisal, the individual also evaluates what can be done to conquer difficulty or enhance benefit. Diverse coping options, in the light of available resources such as social, physical and psychological well being, are evaluated during this process (Folkman and Lazarus, 1985). These resources may take many forms such as cognitive skills, social support for meeting emotional needs, physical fitness to meet high energy levels and toughness” (Folkman, 1984).
Regehr and Bober, (2005), “Evaluation of any situation depends upon the subjective explanation of whether or not the event poses a threat to an individual (i.e., primary appraisal) and whether or not the individuals perceive that they have the resources (inner and outer) to cope effectively and efficiently with stressful event (i.e., secondary appraisal).”

Because cognitive appraisals are dynamic processes, appraisal, primary as well as secondary, function interdependently. For example, “when an individual feels threat and the coping resources are enough to overcome the difficulties, the degree of threat appraisal may diminish. However, the situation that is not threatening may become so, when the coping resources are found to be insufficient or the environmental demands are beyond the coping resources” (Folkman and Lazarus, 1985). Cognitive appraisals, “apart from determining the stressfulness of an event, also determine the coping strategies that are used to handle that stressful event. Individuals’ cognitive appraisals act as key determinants of coping” (Chung, Langenbucher, Labouvie, Pandina and Moos, 2001).

Coping

Folkman and Lazarus, (1980) stated that “Coping refers to behavioural and cognitive efforts to master, reduce or tolerate the internal and/or external demands that are created by stressful transaction”.

During the process of stress, coping has three distinct features. “First, it is process oriented, that is; it focuses on what an individual actually thinks and does in a specific encounter. Second, it is contextual, meaning that it is influenced by an individual’s appraisal of the actual demands in the situation. Personal as well as situational variables together determine the coping efforts and options. Third, priory supposition is not made about what constitutes good or bad coping (Folkman, 1984).”

Coping Process

There are two chief functions of coping i.e., “handling of the problem that is causing stress and regulation of emotions. The former is referred to as problem-
focused coping and the latter as emotion-focused coping. An effort to deal with an individual’s emotional responses towards a stressor refers to as emotion- focused coping. On the other hand, problem focused coping strategies are focused on the stressor itself. Both type of coping vary in the type of stressful events that they are used with. It depends on the situation as to which coping strategies should be used. If the situation demands to control of the distressing emotions, emotion focused coping is used. Through decision-making, problem solving, and/or direct action, the troubled person environment relationship is controlled in the problem focused coping” (Lazarus, 1993).

Coping strategies used by person, to handle the stress, falls either in emotion focused or problem focused coping styles. From researches it was found that, depending on situational and personal determinants, emotion and problem focused forms of coping are being used in stressful situations (Folkman et al., 1986). In the study of Folkman and Lazarus, (1980), “over 1300 stressful episodes were analyzed and it was found that both types of coping were used in 98% of the episodes. Appraisal of the situation affects the type of coping that is being used. They also reported that there was an increase in the use of problem focused coping when the situation was appraised as changeable and the emotion focused coping when the appraisal was stable or resistant to change” Folkman, (1984). McCrae, (1984) examined, “the relationship between the selection of coping strategies and the categories of stressors and he found that in demanding situations, rational action, restraints, escapist fantasy, positive thinking, self-blame, self-adaptation, and humor are the coping strategies which are being used more often. Fatalism, expression of feelings, and faith are some coping strategies which are used by individuals during harm-loss situations.”

“A positive association was found between problem focused coping and challenge appraisal and emotion focused coping and threat appraisal” (Mikulincer and Victor, 1995). According to Bjorck, Thurman, Cuthberston and Yung, (2001) challenge appraisal is predicted by constructive reappraisal and problem solving
coping. “Stressful primary appraisals such as upsetting and self-interest were found to be related to disengagement strategies of coping which fall into the category of emotion focused coping” (Portello and Long, 2001). Thus, briefly it can be concluded that harm/loss and threat appraisals have strong association with emotion focused coping styles and challenge appraisal has strong association with problem focused coping styles.

“There is extensive research literature on cognitive appraisal and coping the entire model and scope of this relationship have not been shown empirically where emotions, coping and appraisal relationship were simultaneously examined in a stress process.” There are certain limitations of these studies such as, many of the studies examined this association in terms of correlations (Dewe and Ng, 1999; Anshel and Wells, 2000; Holaday, Warren-Miller, Smith and West, 1995; Pennebaker, Colder and Sharp, 1990; Mikulincer and Victor, 1995; Portello and Long, 2001) whereas some of them were unsuccessful to consider other possible factors that may have a moderator effect on this relationship, such as personality variables, emotional component or coping resources (Dewe and Ng, 1999; Anshel and Wells, 2000; Holaday et al., 1995).”

A few studies (e.g., Folkman and Lazarus, 1985) stated that, “both emotion focused and problem focused coping strategies were used in the same stressful situation.” Folkman and Lazarus, (1985) confirmed that, “both problem- and emotion-focused, were used in three stressful situations, i.e., before the exam, after the exam, and when the grades were announced. These findings confirmed that people coped with a single situation in complex ways. Subjects reported that they have appraised the examination as both threat and challenge at any given phase of the exam. And this finding showed that both types of appraisal could occur at the same time and could be used simultaneously.” Researchers also suggested as long as emotion-focused coping was used to manage emotions, it could facilitate problem-focused coping also. However, in several situations, it depends upon whether the situation is perceived as changeable or not, one type of coping is preferred. For example, Folkman and Lazarus
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(1980), cited in Folkman and Lazarus, (1985) found that, “the individual used problem-focused coping more frequently when he/she appraised the situation as changeable, whereas, emotion-focused coping was used more frequently for the situation that was appraised as unchangeable.”

Lazarus, (1993) briefed, “the features of the process of coping from various research findings and stated that coping is complex process and individuals use most of the coping strategies for widely varying stressful situations; appraisal plays a fundamental role in selecting the coping strategy.” For example, “if the situation is being appraised as changeable, problem-focused coping is used; unexpectedly, both males and females use very similar coping strategies for constantly stressful situations, such as work, health, or family related stress; coping can change throughout a stressful situation as it is a dynamic process; individuals decide the coping strategies depending on the type of stressful situation, the type of personality under stress, and the outcome modality studied (e.g., subjective well-being, social functioning, or somatic health).”

Coping as Contextual/Situational vs. Dispositional Debate

“Coping behaviours are predetermined by stable individual based factors, this view is according to dispositional approaches, whereas situational or contextual approaches presume that coping responses are produced by temporary situation-based factors” (Holahan, Moos and Schaefer, 1996). “Tendency to use a particular type of coping in different stressful situations is defined as dispositional coping (Cohen, 1991).” Somewhat a few researchers have conceptualized coping in dispositional terms. For example, “Carver, Scheier and Weintraub, (1989); Endler and Parker, (1990) developed measures of coping to find out how individuals usually cope when they are in stressful situation.” Carver and Scheier, (1994) stated that, “although coping changes from one situation to another, it should be taken into account that there are some habitual ways of coping, to which individuals develop in dealing with the stressful situations. Such dispositional coping styles may have its influence on situational coping. On the other hand, several researchers have proposed situational
oriented conceptualizations of coping.” Lazarus, (1966) emphasized that, “coping reactions can differ instantly across the stages of a stressful transaction.” Lazarus and Folkman, (1984) asserted that coping changes time to time, as the appraisals and demands of the situation changes and thus considered as a dynamic process.

Empirical research has confirmed the relation between personality characteristics and dispositional as well as situational coping responses. For example, several researchers have related the Five Factor Model (FFM; Costa and McCrae, 1985) constructs to various dispositional coping strategies (e.g., McWilliams, Cox and Enns, 2003). Numerous FFM constructs have also been correlated empirically to situational coping (e.g., Bouchard, Guillemette and Landry-Leger, 2004). Though, the specific patterns of relationship between personality constructs and particular types of dispositional and situational coping have varied across studies. Preceding research has also confirmed links between situational and dispositional coping and psychopathology. More particularly, research findings have indicated that both dispositional as well as situational coping responses are correlated to general psychological distress and particular psychological disorders (e.g., Punamaki, Salo, Komproe *et al.*, 2008; Segal, Hook and Coolidge, 2001). In contrast with the coping and personality literature, the relations found between psychological dysfunction and coping have been largely consistent, as similar types of situational and dispositional coping responses have been linked to augmented psychopathology.

Carver, Scheier and Weintraub, (1989) also developed the situational format of their COPE inventory which is used to find out how an individual deal in a specific stressful event. Carver and Scheier, (1994) conducted a research to find out, “the evidences about the function of coping styles in situational coping with 125 students who completed COPE inventory. In the beginning of the semester the inventory was completed as dispositional format and in situational format at three points in the course of a stressful transaction. Results revealed that two dispositional scales, i.e. turning to alcohol and turning to religion were related with situational reports whereas
alcohol use is a dysfunctional reaction to stress both in dispositional and situational terms.”

Cognitive Theory of Stress and Coping given by Folkman and Lazarus, (1980); Lazarus and Folkman, (1984) is another type of coping model that includes both situational and dispositional viewpoints into a distinct theory by investigating the interaction between dispositional and situational coping behaviours. Lazarus and Folkman, (1984) stated that environmental (i.e. situational) factors and individual (i.e. dispositional) factors have a bi-directional and dynamic association in a stressful encounter, suggesting that coping behaviours produced by the factors influencing one another in various ways. The association between the situational and dispositional factors is determined by the individual encountering any stressful circumstances through the processes of primary and secondary appraisal.

Primary appraisal wherein individual evaluates whether or not a given stressor is personally threatening and what they stand to gain or lose from the stressful encounter (Lazarus and Folkman, 1984). If the stressor is non-threatening, no further action is taken. On the other hand, if the stressor is determined to be potentially harmful, the individual will next engage in secondary appraisal.

Folkman and Lazarus, (1985) defined coping as the behavioural and cognitive efforts made by an individual to handle the demands of the person-environment interaction in a stressful encounter. Thus, coping is the tangible action taken to manage a stressful situation. Lazarus and Folkman, (1984) asserted that coping can be either dispositional, situational or an interaction of dispositional and situational factors, which collaboratively determine the coping responses utilized.

Thus, it can be concluded by saying that it depends on the personality, stressful situation etc., which determine the coping behaviour adopted by the individual as dispositional, situational or interaction between the two.
Classifying Coping Strategies

Current definitions of the coping process encompass diverse types of coping strategies beside cognitive and behavioural such as bodily, volitional, motivational, action, or communication, according to the diverse modalities of the psycho biosocial state (Hanin, 2007, 2010). A chief difference which is frequently made in coping literature is between styles of coping and strategies. The specific efforts, both behavioural and psychological, that people employ to master, tolerate, minimize or reduce stressful events is referred to as coping strategies, (e.g., problem-solving, positive appraisal, distancing or seeking social support). Coping style is a dispositional variable, and encompasses trait-like combinations of numerous strategies, which form over time an ideal and stable way of coping with stress, independent of the types of stressor and situations (Rogowska and Kusnierz, 2012).

According to the primary focus, Moos and Billings, (1982) categorized coping skills in three domains i.e., appraisal, problem and emotion-focused coping. “Appraisal-focused coping involves effort to comprehend and to find a pattern of meaning in a crisis. The process of appraisal and reappraisal works to acclimatize the meaning and to comprehend the threat resulting from a situation. Problem-focused coping searches for confronting the reality of a crisis by dealing with the consequences and trying to generate a more gratifying situation. Emotion-focused coping tries to handle the feelings after a crisis and to maintain affective equilibrium. Consequently, coping skills can focus on the practical aspects, meanings or the emotions connected with a crisis.”

Lazarus and Folkman, (1984) made a well known categorization i.e., “emotion- focused coping and problem-focused coping. Both incorporated a range of behavioural and cognitive strategies. The behaviours or belief concerning dynamically dealing with the situation is problem-focused coping. Whereas, self-blame (criticizing oneself for the problem), wishful thinking (wishing the situation to go away), tension-reduction (smoking, decreasing the tension by eating, drinking, exercising or using drug), emphasizing the positive (trying to see the situation in a positive way), seeking
social support (understanding from someone and getting sympathy) and self isolation (avoiding being with people), distancing (trying to forget the stressful situation) is considered as emotion-focused coping.”

Roth and Cohen, (1986) argued that, “approach coping seemed to be comparable to problem-focused coping in terms of direct efforts to modify the stressful event whereas avoidance coping was similar to emotion focused coping which involved indirect efforts to amend to stressors by separating oneself either by focusing on one’s feelings or otherwise avoiding solving the problem.”

Another classification of coping was made in terms of using more salutary (e.g., seeking social support, making decisions and talking about problems with family) and less salutary (e.g., alcohol use, verbal aggression, and minimizing the importance of the problem) coping strategies” (Jorgensen and Dusek, 1990).

Olah, (1995) proposed three dimensions of coping, which are accommodation, assimilation and avoidance. “Accommodative coping involved the individual’s behavioural or cognitive attempts to alter him/herself to adjust to the environment. Similar categories in the literature are emotion-focused, emotion-regulation, emotional support, acceptance, passivity. Person’s cognitive or behavioural attempts to alter the environment according to his/her benefit are referred to as Assimilative coping. Task-oriented, problem solving, information-seeking, instrumental support and Problem-focused are several strategies under this category. Avoidance coping is the cognitive and behaviours acts that help individual to flight away from the stressful environment, either psychologically or physically. Similar types of coping recognized in the literature are active forgetting, escape, behavioural and mental disengagement, escapist fantasy and alcohol and drug use.”

Holahan, Moos and Schaefer, (1996) recognized two coping strategies that is avoidance and approach. Coping usually related with psychological distress is avoidance coping. Avoidance coping strategies are emotional discharge, seeking alternative rewards, cognitive avoidance and resigned acceptance. Positive
reappraisal, logical analysis, seeking guidance and support and taking problem-solving action are some strategies included in approach coping strategies.

Compas, Connor-Smith, Saltzman, Thomsen and Wadsworth, (2001) proposed a theory of stress and coping responses that, “prearranged most of these classifications or dimensions in this empirically supported model. Responses towards stress were divided into involuntary coping responses and voluntary responses.” They also stated that, “every response of an individual to stress is not constituted as coping. People might have had automatic (involuntary) emotional, behavioural, physiological and cognitive responses to stress that did not serve to control or modify stressful experiences. Coping was volitional efforts to control emotion, physiology, thought, behaviour, and the environment reaction to stressful events. Both voluntary coping responses and involuntary coping responses towards stress can involve engagement (approach) or disengagement (avoidance) with the stressful event or problem.”

Compas, Connor-Smith, Saltzman, Thomsen and Wadsworth, (2001), as cited in Miller and Kaiser, (2001) “Voluntary efforts can be distinguished as secondary and primary control. Secondary–control coping responses try to modify the person’s feelings about the dreadful situation, which had occurred. Acceptance, distraction, cognitive restructuring and positive thinking are certain coping domain which fall in this category. Primary-control coping tries to manipulate conditions or objective events to progress a sense of personal control over the environment and one’s reactions. These incorporated problem solving and efforts to directly control one’s emotions or the expression of emotion.”

This discussion related to the types of coping showed that strategies of coping were categorized in different ways, such as, “emotion and problem-focused coping; appraisal-focused, problem-focused, and emotion-focused coping; approach and avoidance coping; more salutary and less salutary coping; accommodative, assimilative, and avoidance coping; and voluntary coping responses and involuntary responses.”
Coping Effectiveness

Even with the advances in the theories of coping, research and assessment, the effectiveness of coping issue is still open for discussion (Zeidner and Saklofske, 1996). “It is complicated to declare that one strategy is naturally better than any other strategy. The efficiency of a coping strategy can be determined according to its result in the stressful situation in the long term (Lazarus and Folkman, 1991).” Collins, Mowbray and Bybee, (1999) stated that, “the negative effects of emotion-focused coping and positive effects of problem-focused coping on psychological outcomes have been focused a lot.”

Whereas Compas, (1987) stated that, “both problem- and emotion-focused coping are vital in successful adaptation to stress in children and adolescents. Therefore, effective coping is considered as changeable and flexible. Since new demands need new ways of coping, and therefore one type of coping strategy cannot be effective for all types of stress.” But Zeidner and Saklofske, (1996) asserted that, “some coping strategies appear to be intrinsically maladaptive in managing stress.” For example, “with the use of alcohol and drugs a person may get relief for brief period of time, but ultimately the person gets worse. They also concluded that same coping strategy might reveal different outcomes when used and not every coping strategy is successful in managing stressful situations. When a strategy removes the stressor or its basis, then it can be thought of as effective.” Hence, it is not easy to conclude, which coping strategy is suitable in a stressful situation. That is why, appropriateness of a coping strategy depends upon a situation.

Personality and the Coping Process

Every individual has its own different ways of dealing with a stressor and thus differ with others and obtain varying results. According to Lazarus and Folkman, (1984) personality factors (optimism in present research) plays a very important role in the process of coping. Research literature has investigated the relation between personality traits and coping strategies. “Among the traits that have been used widely in studies are optimism (e.g., Scheier, Weintraub and Carver, 1986; Carver, et al.,
Optimism

An individual’s psychological thinking can have a huge impact on actions and behaviours relating to their health. More particularly, the amount of optimism or pessimism of an individual can influence the perception of their health. The perception of health status may comprise the aspects of the mental health, exercise, diet, daily hassles, coping, and satisfaction with life.

“Optimism is not simply the absence of pessimism, and well-being is not simply the absence of helplessness” Peterson, (2006).

Optimism and pessimism are two significant psychological constructs, which helps in predicting how individuals react towards a stressful situations. Scheier and Carver, (1985) defined optimism, “as the degree to which an individual generally expects positive experiences in the future whereas pessimism is the degree to which an individual generally expects negative experience.”

Types of Optimism

Dispositional optimism is the most commonly used construct of optimism/pessimism. Norem, (2007) “dispositional optimism/pessimism refers to broad, stable individual differences that are influenced by interactions between environment and genetics. It is associated with a wide variety of positive outcomes, including better mental and physical health, performance, and personal relationships.” Unrealistic optimism, also known as “comparative” optimism, defined, “as more optimistic about one’s own future outcomes than others’ future outcomes. Unrealistic optimism is positively related to dispositional optimism but often shows different relationships to outcomes.”

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1993), self-esteem (e.g., Chapman and Mullis, 1999; Lane, Jones, and Stevens, 2002), anxiety (Endler and Parker, 1990; Arthur, 1998), hardiness (e.g., Florian, Mikulincer and Taubman, 1995), and locus of control (e.g., Parkes, 1986; Amirkan, 1990; Lu and Chen, 1996).”
“Explanatory or attributional styles, which refer to characteristic ways that people explain events, are often described as optimistic or pessimistic (or referred to as optimism or pessimism). Those with an optimistic style explain negative events in terms of external, variable, and specific causes, while those with a pessimistic style use explanations that focus on internal, stable, and global causes. Dispositional and attributional optimism/pessimism are not strongly correlated, and attributional optimism/pessimism focus on explanations of past events rather than expectations about the future’’ Norem, (2007).

“Although individual differences in characteristics such as optimism and pessimism contribute to variability in levels of emotional distress in stressful situations” (Chang, 2001; Scheier and Carver, 1985, 1992). For e.g., Scheier, Matthews, Owens et al., (1989) found that, “patient’ levels of optimism plays inversely in predicting their levels of distress before surgery, above and beyond the effects of relevant medical variables.” In addition to optimistic and pessimistic tendencies, it is also important to know the ways in which individuals cope make a difference in how strongly they react to diverse stressors (e.g., Carver, 1997; Folkman and Lazarus, 1988).

According to Scheier and Carver, (1985) optimism and pessimism represent relatively stable individual differences variable that promote or reduce psychological and physical well-being. Experimental studies showed that optimists are psychologically and physically better adjusted than pessimistic (Scheier and Carver, 1992; Peterson and Bossio, 1991). For example, Scheier et al , (1989), “optimistic patients who are about to undergo a generally stressful medical procedure (viz., coronary artery bypass surgery) were found to recover much faster and have fewer postoperative complications than the pessimistic patients.”

Optimism as a personality attribute has been found to play a significant mediator or moderator of stress levels. Individual’s age also found to play significant role in predicting the level of optimism. Quite a few studies have been conducted to determine the effect of age on optimism which showed significant results. However,
the findings in this respect are contradictory. For example, “a longitudinal study found high optimism at age 13 and had a positive attitude towards future but weak association with dispositional optimism at age 43” (Daukantaite and Bergman, 2005). On the contrary, Lennings, (2000) found, “an age-related increase in dispositional optimism in samples with age ranged between 55 to 99 years.” Chapin (2001) found that, “age was negatively associated with self-protective pessimism toward health risks of a sample with age ranging from 14 to 78 years. Thus, indicate a positive relationship between age and dispositional optimism.”

After having a brief discussion about all the variables included in the research it become clear that all variables are interrelated to each other either directly or indirectly.

**Exam as a stressor**

Stressors vary for each and every individual, and making it difficult to manage for characteristics of the event that influence the coping response. For example, there are studies which shows significant gender difference in the way males and females deal with stress (Billings and Moos, 1981), whereas others did not found any significant sex differences (e.g., Hamilton and Fagot, 1988). “The stressful event identified in most situation specific coping measures allows for respondents to self-identify the stressful encounter, and because these situations might in turn be confounded with differences in appraisals, coping, and personality, it is difficult to determine. Hence, it is important to control for the stressor in examining differences in appraisals, coping, and personality. One of the useful ways this problem has been addressed in previous research involving college students is to employ a naturally occurring stressor such as a major examination” (Carver and Scheier, 1994; Folkman and Lazarus, 1985; Smith and Ellsworth, 1987). Thus, for the present study, the board examination was used as a naturally occurring stressor.

Limited studies have explored the interplay between gender differences, religious differences and coping strategies in Indian culture. With the increasing focus on religious diversity and the need to understand individuals within their mainstream
religion, the research is been conducted and tries to minimize the gap in the literature and hopes to shed light on the diverse coping strategies utilized by both male and female adolescents living in India, and in turn how such selected strategies effect their adjustment and appraisals.

After having a brief introduction about the variables, we now pass on to chapter-2 related to the review of pertinent literature.